CMIPS II
REQUEST FOR PROPOSAL

Section 4
PROPOSED SYSTEM

SECTION 4 – PROPOSED SYSTEM

1   INTRODUCTION

This document provides an overview of the proposed CMIPS II for informational purposes only and does not contain any system or Contractor requirements. The detailed requirements of the system are contained in Section 6, TECHNICAL REQUIREMENTS – System Requirements Specification (SyRS), and the requirements for the Contractor services to support the system and IHSS/PCSP Program are in Section 6, TECHNICAL REQUIREMENTS - Statement of Work (SOW).

2   BUSINESS PROBLEM

The essential functions and requirements of the Legacy CMIPS System were mandated by the Legislature in 1978. Since that time the Legislature has continued to periodically impose new In-Home Supportive Services/Personal Cares Services Program (IHSS/PCSP) business requirements that have resulted in the Legacy CMIPS System. As a result, CMIPS II will support the same business functions as the Legacy CMIPS System as defined in Section 3, CURRENT SYSTEM. In addition, CMIPS II will address new business requirements resulting from legislative and regulatory changes in the IHSS/PCSP Program and business needs.

2.1   New Program Legislation

There are three laws that are currently impacting the IHSS/PCSP program and the Legacy CMIPS System:

- Assembly Bill 1682 enacted in 1999 to add Section 12301.6 to the California Welfare and Institutions Code (W&IC)
- Health Insurance Portability and Accountability Act (HIPAA)
- Dymally-Alatorre Bilingual Services Act

2.1.1   Welfare and Institutions Code Section 12301.6

In July 1999, the legislature enacted AB 1682 that required California's counties to act as or establish employers for individual In-Home Supportive Services/Personal Care Services Program (IHSS/PCSP) providers by January 2003 so that they have an opportunity for collective bargaining. With collective bargaining available, a majority of the IHSS/PCSP providers have joined labor organizations and successfully negotiated for increased wages and benefits like health insurance for the first time.

AB 1682 allowed counties several options to comply with the law. Counties generally established Public Authorities (PAs) to act as the employer of record for collective bargaining separate from county IHSS/PCSP administration. Specifically, these PAs are required to:

- Establish and maintain a registry of providers and help match providers to recipients upon request

- Investigate qualifications of provider recipients
- Develop a system to refer the IHSS/PCSP provider to recipients
- Provide for training for providers and recipients
- Perform other functions related to delivery of program services
- Ensure the providers meet the requirements of Title XIX of the Social Security Act.

As a result of AB 1682 CMIPS II must support new business needs to:

1. Update the payroll function to include pay rate management and deductions for benefits and labor organization dues

2. Update the case management function to include provider data management

3. Create an interface between the Legacy CMIPS System and PA systems

Benefits and labor organization deductions. Since enactment, the IHSS/PCSP providers have been successful at negotiating higher wages and benefits through the collective bargaining process. Prior to AB 1682, each county had one established hourly rate for IHSS/PCSP providers; consequently, payroll calculations were relatively simple. Now the payroll component must be able to track more pay rates and deductions for benefits (e.g. health insurance) and labor organization dues. The counties may also have to accommodate multiple pay rates for different services. To accurately calculate taxes with pretax benefits, the CMIPS II must also be able to look at the aggregate payments to providers who work for more than one recipient. However, the Legacy CMIPS System database structure does not have a unique record for the provider; rather, the provider is an entity associated with each recipient and separate paychecks are generated from each recipient. The CMIPS II will have to include additional provider data and payroll processes to accurately track the new data and calculate payroll as required by AB 1682.

Provider Data Management. The CMIPS II needs to provide the IHSS/PCSP Program a means to capture, track, and manage provider information as a separate entity from the recipient information. This component of CMIPS II should support provider identification, Social Security Number (SSN) validation, enrollment, the New Employee Registry, and payroll. In addition, CMIPS II needs a means to keep the provider information current based on inputs from both the county welfare departments and Public Authorities.

PA System Interface. Each PA is responsible for developing their own tools to administer their provider benefits packages and their provider registry. An automated interface between the PA systems and the CMIPS II should be established to properly support the new legislation.

2.1.2 Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, requires national standards for electronic data interchange and privacy of health information. The HIPAA may impact security and data exchange requirements for the CMIPS II. The initial analysis of HIPAA requirements shows that IHSS is not a covered entity, but the Legacy CMIPS System interfaces with systems that are and as such may be impacted as a Business Associate.

2.1.3 Dymally-Alatorre Bilingual Services Act

The Legacy CMIPS System can only print two languages, English and Spanish. The CMIPS II needs to have technology to print character sets for languages other than English and Spanish that are required to implement Federal and State laws regarding the access of minorities, and of persons with limited English proficiency, to health and human services. Applicable laws include, but are not limited to, the Dymally-Alatorre Bilingual Services Act (Government Code Section 7290 et. seq.) and Title VI of the Civil Rights Act of 1964. The CMIPS II will have technology to print character sets for other languages as defined and required by CDSS.

2.2 IHSS Business Process Analysis

As of February 2003, there are approximately 304,960 Recipients currently using the IHSS/PCSP Program. According to California Department of Social Services (CDSS) Adult Program Branch and Research and Development Office, the IHSS/PCSP caseload is expected to increase to 420,200 in five years and 712,000 in 10 years. These projections are based on empirically derived growth rates. Increased caseload will result in substantially increased costs to the IHSS/PCSP Program. Some of the cost increase can be avoided if the IHSS/PCSP business processes can be improved to reduce the effort required for key activities.

To identify business process inefficiencies, the CMIPS Project Office conducted a Business Process Improvement (BPI) study for the county IHSS/PCSP operations from October 2000 through June 2001. Thirty-five counties participated in the study. The first part of the study defined the IHSS/PCSP and the Legacy CMIPS System current business processes. The second part of the study defined a Legacy CMIPS System "Future Vision" for the IHSS/PCSP business processes that would significantly improve the efficiency of business processes and system functions. The Legacy CMIPS System "Future Vision" provides a long-term strategic vision for the system. It was not expected that every aspect of the vision would necessarily be implemented in CMIPS II, but the whole vision will be considered in the system design so the architecture will support future enhancements. This Legacy CMIPS System "Future Vision" is documented in Exhibit 4-1, Business Process Flow Diagrams.

The following major inefficiencies with the Legacy CMIPS System are the top priority items that will be remedied with the new system to help accommodate the increased caseload and improve customer service:

1. There is redundant data collection and inefficient management of IHSS/PCSP information. The IHSS/PCSP Program support is driven primarily by paper forms and manual processes.

    The Legacy CMIPS System forces the counties to record and process all data at least twice for every one transaction. IHSS/PCSP staff must record everything on paper forms and then hand them off to data entry clerks to record in the Legacy CMIPS System using 3270 terminals. Effort is also wasted in manually transporting the forms and tracking files.

    To alleviate this inefficiency, the Legacy CMIPS System Future Vision includes the use of data collection forms designed for data entry scanning. The forms would be produced via CMIPS II and pre-populated with as much data as available appropriate to the form, thus reducing the amount of redundant data collection by the SW and reducing the amount of new

data entry necessary on each form. All information pertinent to appropriate case management will be maintained in the CMIPS II reducing the need to pull the paper file, review paper forms; and track locations of paper files.

2. Payroll data entry collection and related processes are labor and paperwork intensive.

   With the Legacy CMIPS System, county payroll clerks review the forms for the proper signature authority and manually verify the reported hours with a calculator. Data entry clerks then record the information from the timesheets into the Legacy CMIPS System. The paper timesheets are then filed using the filing system utilized by the particular county. Some counties file timesheets by pay period, some file by recipient, and some file by the data entry batch number. This manual process contributes to potential data entry errors and payroll processing delays.

   When data entry errors or other timesheet related problems arise, the paper timesheet must be manually retrieved from where it is filed. This not only lengthens the amount of time necessary for problem resolution, but also requires the county to have personnel available to sort through the stored timesheets.

   With the Legacy CMIPS System, overtime management is a manual county process. Only the aggregate number of hours worked each week is entered into the Legacy CMIPS System; i.e. two entries required per bi-monthly pay period. This does not allow for automated assistance in overtime calculations. Therefore, each county has developed a manual process for overtime management.

   The future vision for CMIPS II contains an automated method to input timesheet information and store timesheet images. CMIPS II will support automated retrieval of timesheet images. This automated method will also support automated overtime management and meet the requirement to have daily hours worked entered into the system.

   CMIPS II will automate many of the manual calculations and processes required to be able to fully comply with the current Federal, State and business requirements for payroll and tax services. These include prompt and accurate reporting to the Internal Revenue Service (IRS), New Employee Registry (NER), Employment Development Department (EDD), Fair Labor Standards Act (FLSA) and SCO.

3. There are many manual calculations performed by the Social Worker (SW) that lead to inconsistency and inefficiency in the IHSS/PCSP Program.

   For example, the SW manually calculates the number of service hours authorized for each Recipient based on Program guidelines and the Recipients' needs for IHSS/PCSP services. Social Workers record the assessment information and the authorized hours on paper forms, and then hand the forms off to data entry clerks . The data entry clerks record the information in the Legacy CMIPS System and return the entered forms back to the SW. Effort is wasted in manually calculating information, transporting the forms, and tracking files.

4. CMIPS II will provide for direct data entry by the SW and automated assistance in service hours calculations. Current information management reporting is limited.

The Legacy CMIPS System is essentially "closed" in that there are very limited views of data available to management. Reports are available primarily through printed media. CMIPS II will provide more flexible and effective management reporting.

5. The Legacy CMIPS System architecture is antiquated.

   The Legacy CMIPS System was designed and implemented over 20 years ago. The design is based around an analog network that is slow during peak usage when timesheets are entered twice a month. The primary interface to the system for some counties is through 3270 terminals. The interface was designed only for the data entry clerks using coded entries.

   In the CMIPS II future vision, the IHSS/PCSP workers will benefit from a faster wide area network, access for Social Workers via personal computers and improved user interface screens.

6. Additional fraud detection capabilities are needed.

   CMIPS II will improve information monitoring to prevent or detect potential fraud in Provider payments or service authorization. CMIPS II will also have improved capabilities to provide program management the ability to more effectively monitor for program integrity and fraud.

The Legacy CMIPS System database design will be improved to provide quicker responses to queries and reports. One of the biggest problems is that there is not a unique record for each Provider, which makes it difficult to provide valid and non-duplicative Provider information to appropriate entities.

CMIPS II will take advantage of modern database functions to help maintain the accuracy and integrity of data and improve management reporting capabilities.

3   OVERVIEW OF PROPOSED SYSTEM

CMIPS II will continue to support the basic IHSS/PCSP functions as described in Section 3, CURRENT SYSTEM.

The case management function will continue to:

1. Provide IHSS/PCSP staff information to manage their caseloads and take appropriate case management actions.
2. Provide information to IHSS/PCSP Recipients and Providers.
3. Determine IHSS/PCSP eligibility based on data entered and receive income eligibility from the Statewide Automated Welfare System (SAWS) consortia systems.
4. Capture functional levels and calculate authorized service hours.
5. Process changes to case information.
6. Process Waiver of Personal Care Services under the Medi-Cal Program for the Department of Health Services as provided for in W&IC Section 14132.97 (AB 668).
7. Report IHSS/PCSP utilization data to the Medi-Cal Program MIS/DSS.

The payroll function will continue to:

1. Calculate accurate daily and advance payroll and submit electronic claim tape to the State Controller's Office.
2. Ensure timely payments to IHSS/PCSP Providers and tax agencies.
3. Produce and mail Arrears and Advance Pay timesheets.
4. Calculate and submit taxes, wages, contributions, other deductions, and adjustments to the correct agencies.

The information management function will continue to:

1. Provide case management and payroll information to appropriate staff.
2. Provide standardized reports.
3. Provide State and County administrators with the information needed to administer and monitor the Program and evaluate the achievement of Program goals.

In addition, CMIPS II will have new business functions such as:

1. A Provider database in support of counties and Public Authorities, where applicable.
2. Tickler reports for county activities such as reassessments.
3. The ability to link records for households with multiple Recipients to facilitate assessments and tracking.
4. Processing for Provider benefit deductions.
5. On-demand reporting.
6. Automated metrics collection for management information.
7. The ability to calculate payroll expense totals per funding source by level of participation (Federal, State, county) for purposes of county and Federal billings and reimbursement.
8. Maintain a history of provider rates for all modes of IHSS/PCSP Program service delivery for each county.

3.1 System Architecture

One of the goals of this procurement is to provide a stable and flexible enterprise architecture foundation that will allow support of the IHSS/PCSP Program as it expands and changes. Use of packaged components and industry standard techniques and tools will allow cost effective development, implementation, and operation. The procurement seeks to implement a modular system with the ability to reuse and upgrade components as technologies and business practices change.

An additional goal of the procurement is to leverage to the greatest extent possible the Information Technology (IT) infrastructure currently in place throughout the State, which supports CDSS and the counties. This includes the existing county desktop workstations and Local Area Network (LAN) and the statewide Wide Area Network (WAN) supported by HHSDC.

By using the HHSDC WAN and current county infrastructure, CMIPS II will support online access and printing capabilities for the entire IHSS/PCSP staff, including CDSS APB staff. In addition access will be provided for authorized external partners to interface with or directly

access the system. This will enable these partners to more effectively support the IHSS/PCSP Program, its Recipients, and Providers.

The enterprise solution needs to meet the performance requirements stated in this RFP and, in addition, the system must be designed to be scalable. As stated above, the estimated growth rate of the program is significant with the Recipient caseload estimated to grow considerably over the next five years.

3.2 CMIPS II Operational Concept

The operational concept for CMIPS II described in this Section contains streamlined processing, automated task assistance, and online availability for IHSS/PCSP data. This CMIPS II "future vision" is a broad, high-level overview of the proposed system. The narrative and flow charts located in Exhibit 4-1, Business Process Flow Diagrams, describe the functions to be performed at a high level; detailed requirements are in Section 6, TECHNICAL REQUIREMENTS – Statement of Work (SOW); Section 6, TECHNICAL REQUIREMENTS – System Requirement Specifications (SyRS).

The "Future Vision" for the system includes the use of role-based security. Role-based security allows for access to functionality based on the "role" assigned to the user. The following business process descriptions identify the role performing the function, not the position the user holds within the county.

In some counties it may be necessary for a user to be assigned multiple roles. For example, a social worker supervisor may also need to be assigned the payroll supervisor role. The system will support multiple user role assignments as needed to support the business process as performed within each individual county.

Although described as occurring in a specific order in this document, the county business processes may actually occur in many different orders depending on the individual county. CMIPS II will have flexibility in supporting the order the business processes occur within the counties.

3.2.1 Payroll

CMIPS II will have improved technology for payroll processing. CMIPS II will process the daily payroll of over 597,680 payments per month (as of February 2003). CMIPS II will apply technology to improve the timeliness and efficiency of the payroll process. CMIPS II will be able to comply fully with Federal, State, and business requirements for payroll and tax services. Currently, tracking and reporting is done through a combination of manual and automated processing. CMIPS II will automate many of the manual calculations and processes performed to support these requirements. The CMIPS Project Office Business Improvement Study identified potential areas of improvement. For example, timesheets are currently completed manually and signed by Providers, reviewed and signed by Recipients, delivered to the county office, and input by data entry clerks. Improved technology will be used to enhance the efficiency of this operation.

3.2.1.1 Time and Attendance

When the Recipient identifies an IP and the IP becomes eligible for payment for services, CMIPS II will generate an initial timesheet for the Individual Provider. The Provider provides services to the recipient, fills out the days and hours worked and signs the timesheet. The recipient reviews and also signs the timesheet. The timesheet is then delivered to the County Payroll Office for payroll processing. The Provider receives subsequent timesheets with each payroll warrant.

On receipt of the timesheet, the County Payroll Office manually reviews the timesheet for appropriate signatures, manually verifies the total hours worked and enters only the pay period and total hours worked into the Legacy CMIPS System. The timesheet is then filed according to the county process.

The CMIPS II Future Vision for Individual Provider payroll includes automated assistance in processing the timesheets. The information on the timesheets, including the pay period, the Provider information, the Recipient information, the days worked, and daily hours worked, will be recorded in CMIPS II. CMIPS II will then calculate the appropriate wages, taxes, and deductions. The payroll information will then be sent through the appropriate interfaces to the State Controller's Office (SCO) to facilitate the processing of the payroll warrants.

CMIPS II will support automated retrieval of timesheet images.

3.2.1.2 Miscellaneous Warrant Deductions

In the event of an overpayment to the Provider, CMIPS II will provide the ability to deduct pre-determined amounts from subsequent payroll warrants in order to satisfy repayment of the overpayment with appropriate authorizations. The reason for the deduction will be detailed on the payroll warrant stub.

When a lien has been applied against an Individual Provider, CMIPS II will deduct appropriate amounts from subsequent payroll warrants in order to satisfy the lien. Identification of the lien holder and amount withheld will be detailed on the payroll warrant stub.

Individual Providers may be eligible for different types of benefits through their PA. Those Providers receiving such benefits may be required to pay a premium. These premiums can be deducted from their payroll warrant. The identification of the PA and the amount of the benefits deduction will be detailed on the payroll warrant stub. CMIPS II will process a combined payment for all deductions identified to a specific PA. It will be the responsibility of the PA to manage Provider benefits.

3.2.2 Case Management

CMIPS II will have improved technology for case management activities. CMIPS II will alleviate the current laborious, paper processes involved in creating and maintaining Recipient and Provider information. Social Workers need quick, easy access to review and update all available recorded case information, including previous IHSS/PCSP history on new applicants, case information and case notes on existing Recipients, and existing information on Recipients transferring from another county. CMIPS II will also automatically notify the Social Worker

Supervisor (SWS) when the SW has submitted a case record for online review and/or approval. The SWS will have the ability to review, approve, and comment regarding SW case management activities online, associated with the appropriate case record.

The ability for the SW and the SWS to perform case management related activities without a "paper" file will greatly improve the efficiency of the case management activities shown in Exhibit 4-1, Business Process Flow Diagrams.

3.2.2.1 Case Initiation

IHSS/PCSP CWD staff will receive contacts regarding IHSS/PCSP services. The CWD staff will have access to CMIPS II to determine if the person is currently receiving or has previously received IHSS/PCSP services. This information will be available statewide and will include both Recipients and Providers. The CWD staff will use standard statewide guidelines to screen the referral for initial IHSS/PCSP eligibility. The CWD staff will also have access to MEDS to determine if the Applicant is receiving SSI/SSP and consequently has had a disability evaluation determination to establish eligibility to Medi-Cal.

Those Applicants currently receiving SSI/SSP or California Works Opportunities Responsibilities Kids (Cal WORKs), formerly Aid to Families with Dependent Children (AFDC); are deemed status eligible and recorded in CMIPS II as such. Applicants not status eligible, can be income eligible. Through automation within the system, the SWS can query on new referrals that have been received. CMIPS II will provide assistance to the SWS in assignment of Social Workers via geographic location, size of caseloads, or other specified criteria. The SW will be able to inquire on new case assignments. The SW will proceed with the application process.

During processing, the CMIPS II system will send the Applicant information to the appropriate Statewide Automated Welfare System (SAWS). If the Applicant is non-status eligible, a request for income eligibility will be sent. The SW may proceed with the needs assessment while waiting for the SAWS eligibility determination.

On notification of a new case, the SW will contact the Applicant (telephone contact or letter) and verify the request for services. The SW enters any new information received into CMIPS II. The SW then schedules an in-home visit with the Applicant.

To prepare for the in-home visit, the SW will print out forms pre-populated with all available information (name, address, etc.). The SW will then take the forms to the visit to finish completing, gather signatures, etc. The SW, on return to the office, enters the needs assessment information from the forms into the CMIPS II system.

For non-status eligible applications, the SW will be notified by the system when the income eligibility is received from the SAWS system.

During the in-home visit, the SW records the Applicant's household characteristics containing such information as whether or not the home has meal preparation facilities, whether or not the home has a washer and dryer, etc. If the Applicant shares the home with others, the SW collects information on which living areas are shared and which are solely used by the Applicant, or used

solely by others in the household. Information is also gathered regarding whether the need for Related Services (meal preparation, food and other shopping and laundry) is met individually for the recipient or met in common with others in the household. During this visit, the SW also performs the needs assessment to assess the functional index level for the Applicant and identify the other service needs of the Applicant.

On completion of the in-home visit, the needs assessment, and receipt of the income eligibility status from SAWS (if applicable), the SW will assign the appropriate aid code and determine the appropriate Share of Cost to apply, if applicable. If an Individual Provider is not already identified, the SW or PA can provide information to the Recipient to locate one. All pertinent information is entered into CMIPS II and the final determinations (including PCSP status) are then sent to the appropriate SAWS system via the interface.

3.2.2.2 Provider Assignment

Counties offer different modes of Provider services. All counties offer the IP mode. Some counties also offer county contractor and county homemaker modes of services.

If a Recipient does not have an identified Provider, the SW can provide assistance to the Recipient in locating a Provider. By mandate, Public Authorities have Provider Registry services that can also be used by the Recipient upon request to help match them with Providers based on criteria identified by the Recipient (i.e. non-smoker, male or female, or type of services the provider is trained and/or willing to provide.)

In addition to the Individual Provider mode, some counties offer a County Contract Mode of service. If the Recipient receives services via the County Contract Mode, necessary Recipient information is transferred to the County Contract Provider service. The Contract Provider then contacts the Recipient to set up services.

Some counties also offer the Homemaker Mode of Service. These are county employees who are hired to provide services for those Recipients who have difficulty retaining a Provider, live in areas where Providers are not readily available, have few hours, or emergency situations.

On identification of the mode of service by the Recipient, the SW adds the mode of service record and the Recipient and can begin to receive services.

3.2.2.3 Case Maintenance

Annual Reassessments:

Social Workers perform annual reassessments on active Recipients. To assist in the annual reassessment process, CMIPS II will provide the ability to print forms with all available current information. This will allow the SW to only make the required changes on the forms based on the outcomes of the new assessment. On return to the office, the SW would update the CMIPS II Recipient record to include all the noted changes on the forms.

Inter-County Transfers:

When notified of a Recipient's move to another county, the intake process occurs in the receiving county, and when the transfer is complete the IHSS/PCSP case termination process will begin in the transferring county. Medi-Cal eligibility is processed as county specific, thus requiring the case to be closed in the appropriate SAWS system. However, the case information in CMIPS II will be maintained intact and available for the receiving county to re-open. There is no overlapping or break in service for the recipient. IHSS/PCSP and Medi-Cal eligibility continues until the receiving county grants their case.

Appeals/State Hearings:

Any recipient dissatisfied with a county action has the right to appeal the action at a State Hearing as described in CDSS MPP 22-000 State Hearing and in W&IC §10950-10967. CMIPS II will track the date the appeal is filed, the State Hearing status, and the resolution.

Eligibility Withdrawn/Denied:

If at anytime during the application process the Applicant decides to withdraw their request for services or the Applicant is deemed ineligible, the SW can terminate the case within CMIPS II and generate a timely notification of action (NOA).

Termination:

Cases may be terminated for a variety of reasons including eligibility denied/withdrawn, Recipient death, etc. On completion of the termination process, CMIPS II will send the termination information to the appropriate SAWS system.

3.2.2.4 Notification And Alert Queues

CMIPS II will utilize notification and alert queues to facilitate workflow between CMIPS II users. Notifications of pending actions (approvals, assignments, etc.) and alerts for specific events (child turns 18) will be sent by the system to the specified user's "queue." The user will be able to access his/her queue to see "to do" items.

3.2.2.5 Provider Management

In the Legacy CMIPS System, Individual Provider information is linked to a specific Recipient. With the inception of the Public Authorities, the activities associated with Provider Management have become more and more complex. The entity conducting the Provider management activities could vary from county to county. The entity may or may not be co-located with the county IHSS/PCSP staff. CMIPS II must accommodate these variations and allow for the assignment of the Provider Management role to various entities including the IHSS/PCSP CWDs.

CMIPS II will record and track Individual Provider information separate from the Recipient and related case information. Once an Individual Provider has been assigned to a Recipient, CMIPS II will create a "link" between the Recipient case record and the Provider record.

CMIPS II, through role-based security described in Paragraph 3.1, System Architecture, will support the Provider Management activities including, but not limited to:

1. Updating the list of Individual Providers and associated information contained within CMIPS II for assistance in locating Individual Providers for Recipients. The data on this list will be available to assist in locating identified Individual Providers.

2. Updating Individual Provider demographic information including but not limited to address changes and name changes.

3. Maintaining Individual Provider Federal Tax Withholding Information (W-4) for each Recipient.

4. Tracking of other deductions as necessary (i.e., benefits deductions, labor organization dues). (Maintenance of deductions will be accomplished through electronic interfaces.)

3.2.3 Caseload Management

As county demographics and staffing levels are in a constant state of flux, county IHSS/PCSP management needs a method to adjust Social Workers' caseloads appropriately. It may be necessary to reassign a number of Recipients to different Social Workers at the same time. CMIPS II will provide a means to move caseload assignments without intervention from the CMIPS II Contractor.

3.2.4 Management Reporting

Reports will be provided to the counties and CDSS staff online with a capability to print at the option of the user, including:

Statistical reports: caseloads by Social Worker, etc.

Financial reports: county expenditures, taxes, etc.

Management reports: data queries on Recipients and Providers, samples for Evaluation and Integrity reviews.

 IHSS/PCSP Managers/Supervisors and CDSS use various reports created by the Legacy CMIPS System for allocation of cases, budget projections, and assessing Program needs. The County Recommended Future Vision Business Processes identifies the need for all pertinent county data to be available to the County Welfare Department to meet planning, budgeting, and reporting needs. The data will be available to the county in a timely manner to facilitate county reporting requirements.

CMIPS II will have a fraud monitoring and administrative oversight component to assist CDSS in demonstrating that it has designed and implemented an adequate quality assurance system for assuring the health and welfare of Recipients.

3.2.5 Interface with Required Agencies

CMIPS II will continue and enhance interfaces with external agencies to include:

1. Department of Social Services (CDSS)

2. County Welfare Departments (CWD)

3. Department of Health Services (DHS)

4. California Department of Aging (CDA)
5. State Controller's Office (SCO)
6. State Treasurer's Office (STO)
7. Employment Development Department (EDD)
8. Social Security Administration (SSA)
9. Internal Revenue Service (IRS)
10. United States Postal Service (USPS)

CMIPS II will develop new interfaces with external agencies to include:

1. Public Authorities (PA)
2. Labor Organizations
3. Adult Protective Services (APS) Entities
4. State Compensation Insurance Fund (SCIF)

3.3 Future Enhancements

Although out of scope for the current procurement, expanded business functions may be included in future enhancements of the CMIPS II if they can provide sufficient return on investment. The CMIPS II architecture will provide a foundation platform capability for these potential enhancements and improvements. The expanded functions may include:

1. Automated data entry for in-home assessments
2. Waiver Personal Care Services Estimate Calculation
3. Additional interfaces to other State and county programs
4. A remote payroll inquiry
5. Ad hoc reporting

3.3.1 Automated Data Entry for In-Home Assessments

To further improve the case data entry efficiency and accuracy, Social Workers making in-home visits will have the ability to capture Recipient information in a manner that does not require subsequent data entry. The solution will be available at all county locations. IHSS/PCSP staff will use handheld devices to allow the user to record an assessment and narrative in a paperless manner in the Recipient home.

3.3.2 Waiver Personal Care Services Estimate Calculation

CMIPS II will help automate the eligibility determination and estimate calculation for the Waiver Personal Care Services authorized by DHS. DHS In-Home Operations staff will have the ability to request an estimate calculation using data from both CMIPS II and MEDS. CMIPS II data will include case status, authorized hours, Individual Provider, Provider pay rate, and PCSP and Residual services. MEDS data will include aid code, other family members on Medi-Cal, eligibility status, termination and reason, and SSI/SSP status.

3.3.3 Interfaces to Other State and County Programs

The Legacy CMIPS System interfaces could be improved to reduce inefficiencies in information management between various government programs. Where feasible, cost-effective, and consistent with State policy on program coordination, CMIPS II will support county and State programs that create single points of contact for elder care programs.

3.3.4 Automated Payroll Inquiry

As of September 2002, the county offices process approximately 540,000 timesheets a month. As a result, these offices receive numerous phone calls regarding the status of the payroll warrants. The Providers typically want to know if their timesheets were received, processed and when their paycheck was sent. The Social Workers and payroll clerks have to respond to these questions. Many counties have reported that there is an over abundance of calls resulting in slow customer response. The counties would benefit from an automated system, where the Provider could access information without using county staff resources.

The payroll inquiry system will have ability to:

- Respond to service payment status inquiries from Providers and Recipients via a statewide toll-free number.
- Provide payment information for regular payroll, adjustment, emergency, and replacement warrants.
- Provide the date a timesheet was received, the date a timesheet/adjustment/replacement was processed, the date a warrant was issued from SCO, and the date warrant was cashed.

3.3.5 Ad Hoc Reporting

Some IHSS/PCSP staff perform ad hoc queries of the CMIPS II data. The BPI study found that users of the Legacy CMIPS System infrequently requested true "ad hoc" reports. Most counties who are currently creating "ad-hoc" reports, do so once and then routinely run the same report as monthly data downloads become available. The BPI team will identify the content of those reports and the CMIPS II system will be developed to support all commonly used reports. An IHSS/PCSP committee will meet routinely to ensure the reports continue to meet the users' needs.

However, there may still be occasions where the users will need true ad hoc reports. In the CMIPS II system, the user would have to make a special request for the one-time report from the prime Contractor.